		PTO/SB/08 A & B (modified		
Substitute for form 1449 A & B/PTO	Complete if Known			
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STATEMENT BY APPLICANT		Ivan Kamiel DE SCHEERDER		
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	Examiner Name			
Sheet 1 of 1	Attorney Docket Number	O-93248		

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite	Document Number		D 10 0 D	
	No.1	Number	Kind Code ¹ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Documen
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	No.1	Country Code ³	Number ⁴	Kind Code ⁵ (if known)	MM-DD-YYYY	Applicant of Cited Document	n ⁶
		WO	98/30255	A3	7-16-1997	LOCALMED INC.	
		WO	01/49268	Al	7-12-2001	IMARX THERAPEUTICS INC.	
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		WO	00/45809	A1	8-10-2000	NITROSYSTEMS, INC.	
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Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.	Translatio n ⁶

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